

Michigan Gaming Control Board

Cadillac Place 3062 W. Grand Blvd. Suite L-700 Detroit, MI 48202-6062



OCCUPATIONAL LICENSE LEVEL 1 APPLICATION

This form is authorized under Public Act 69 of 1997, the Michigan Gaming Control and Revenue Act. Failure to provide information could result in rejection of or delay in the processing of this application.

The Board will not process an application for an occupational license unless the application includes a **written statement from a casino or supplier licensee that the applicant has been hired, or will be hired upon receiving the appropriate occupational license.**

Respond to all the questions to the best your knowledge. **Any misrepresentation or omission is grounds for license denial.**

A. Application Fee

The applicant is responsible for the payment of all fees required under the Act. **These fees only apply to Occupational License Level 1 applicants.** The applicant must file this application with the Michigan Gaming Control Board, Cadillac Place, 3062 West Grand Blvd. Suite L-700 Detroit, MI 48202 and submit a \$500.00 non-refundable fee with the application.

All payments must be by cashier's check, certified check or money order, and made payable to the "State of Michigan." **DO NOT SEND CASH.** The applicant will be billed for any additional costs incurred by the Board during the course of the background investigation. In addition to the application fee, a \$250.00 license fee is due upon the initial issuance of the license and each renewal.

B. Forms and Documents

The applicant shall provide all information, documents, materials and certifications at the applicant's sole expense. Note: The Board, in its discretion, may hereafter require the applicant to furnish additional information or complete and submit additional forms. The applicant shall submit an original of the application and all required attachments.

When you appear at the Michigan Gaming Control Board office with a completed application, bring the following with you:

- (1) Your **birth certificate**
- (2) Your **Social Security Card**
- (3) **Picture identification** (driver's license, state or military ID, passport)
- (4) Appropriate **Alien registration** (if not a U.S. citizen)
- (5) A copy of your U.S. Military Service Record (**DD-214**) if applicable
- (6) A **written statement** from a casino or supplier licensee that you have been hired, or will be hired upon receiving the appropriate occupational license

The Michigan Gaming Control Board will take your photograph and fingerprints during the application process.

When completing this application, you may require additional space. Please use a separate sheet of 8½ x 11 paper to complete your answer. Be sure to indicate which question you are answering.

Occupational License Application						Level 1	
Last Name			First Name			Middle Name	
Maiden Name, Alias(es), Nicknames, Other Name Changes - Legal or Otherwise				Occupation		Residence Telephone ()	
Present <u>Residence</u> Address (Street)			City		State	Zip Code	Since (Date)
Date of Birth		Place of Birth (City, State, Country)				Country of Citizenship	
Social Security Number		Sex <input type="checkbox"/> F <input type="checkbox"/> M	Height	Weight	Hair Color		Eye Color
Tattoos, amputations, distinguishing marks <input type="checkbox"/> Not Applicable				Driver's License Number			State
If you are not a citizen of the United States, provide the following: <input type="checkbox"/> Not Applicable							
Admission/Arrival #:					Alien "A" Number or Social Insurance Number		
If you are not a citizen of the United States, list the name and address of your sponsor upon your arrival: <input type="checkbox"/> N/A							
Name		Address			City	State	Zip Code
If you are a naturalized citizen, provide the following information: <input type="checkbox"/> Not Applicable							
Alien "A" Number				Certificate Number		Date Citizenship Granted	
Court					City/State of Court		
Current Marital Information							
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed							
Current Spouse's Name (Include Maiden Name) <input type="checkbox"/> Not Applicable							
Last Name		First Name		MI		Maiden Name	
Present <u>Residence</u> Address (Street)		City		State	Zip Code		Since (Date)
Employment Address (Street) <input type="checkbox"/> N/A		City		State	Zip Code		Since (Date)
Occupation			Residence Telephone ()			Employment Telephone ()	
Date of Birth		Place of Birth (City, State, Country)					
Date of Marriage	Place of Marriage		Social Security Number		Driver's License Number		State
Name of Former Spouse***			Current Address			Telephone ()	
Date of Birth		Place of Birth (City, State, Country)					
Date of Divorce	County of Divorce		Social Security Number		Driver's License Number		State

Submit as **Exhibit (1)**, a copy of your current marriage license. ☐ **Not Applicable**

Submit as **Exhibit (2)** any divorce decrees. ☐ **Not Applicable**

The below listed questions relate to criminal offenses, either felony or misdemeanor. Answer each question as it pertains to you. Do not include civil traffic violations.

1. Have you ever:

No

Yes

☐☐

been arrested or detained

☐☐

been indicted or charged

☐☐

pleaded guilty

No

Yes

☐☐

pleaded nolo contendere

☐☐

forfeited bail

☐☐

been convicted

If you answered yes to any of the above, complete the following table:

Nature of Offense	Date of charge or incident	Name and address of court or Police Agency	Disposition	Date	misdemeanor

ADDITIONAL CRIMINAL HISTORY

Do not include civil traffic violations for the following questions.

2. Have you ever been granted immunity? ☐ **No** ☐ **Yes**

3. Have you ever been named an unindicted co-conspirator? ☐ **No** ☐ **Yes**

4. Have you ever been charged with a criminal offense, either felony or misdemeanor which did not result in a conviction? ☐ **No** ☐ **Yes**

If you answered yes, describe the nature and date of the charge, name and address of government agency or court involved and final disposition.

(Include Court or Police Agency Documentation)

5. Describe all arrests which did not result in a formal criminal charge. ☐ **Not Applicable**
(Include Court or Police Agency Documentation)

6. Describe all criminal convictions that have been expunged or otherwise removed from your criminal record. ☐ **Not Applicable**
(Include Court or Police Agency Documentation)

7. Have you ever been placed on a diversionary program to avoid criminal arrest or conviction? ☐ No ☐ Yes

If you answered **yes** describe the circumstances, outcome, and efforts being made to pay back any debt incurred.

8. Have you ever had any permit, certification, or license (include driver's license), denied, suspended, restricted, revoked or not renewed by a governmental entity?

☐ No ☐ Yes If you answered **yes**, complete the following table:

Type	License/Permit/ Certification number	Name of Licensing Authority	Date of action	Reason action was taken

9. Have you ever filed for any type of bankruptcy or been involved in any formal process to adjust, defer, suspend or otherwise work out payment of any debt?

☐ No ☐ Yes If you answered **yes**, provide the following:

Date of filing	Name and address of court	Case number

10. Have you ever been delinquent in the payment of any taxes? ☐ No ☐ Yes If you answered **yes**, complete the following table:

Taxing Agency	Type of tax	Dates involved (M/Y)	Amount

11. Has this delinquency been satisfied?

☐ No ☐ Yes

12. Are you current in your filing of federal, state and municipal taxes?

☐ No ☐ Yes

Submit as **Exhibit (3)**, true and accurate copies of your state and federal tax income returns for the last three years. ☐ **Not Applicable**

13. Within one (1) year of this application, have you, your spouse, your parent, or your child Either directly or indirectly, made any political contribution, loan, or other payment to any Candidate, campaign committee, or office holder elected in Michigan?

☐ No ☐ Yes if you answered **yes**, complete the following table:

Contributor	Name of official/candidate/committee	Office sought/held	Date	Amount
	Last Name			
	First Name, MI			
	Last Name			
	First Name, MI			

14. Identify the highest level of education you attained.

Name of school	Address	Dates attended		Degree/Certificate received
		From	To	

15. Did you ever serve in the military? (*Military service includes service in the reserves or the national guard.*)

☐ No ☐ Yes If **yes**, submit as **Exhibit (4)**, a copy of your DD214.

16. While you were in the military, were you ever the subject of any hearing, disciplinary proceeding, trial or court-martial?

☐ No ☐ Yes ☐ Not applicable

17. Beginning with the present date and working backward, list places of employment for the last 15 years. *(Include unemployment and Military service.)*

From (M/Y)	To (M/Y)	Name & full address of employer	Position & duties	Supervisor & reason for leaving	Gaming related?
		Employer's Name			<input type="checkbox"/> Yes <input type="checkbox"/> No
		Street			
		City, State, Zip			
		Employer's Name			<input type="checkbox"/> Yes <input type="checkbox"/> No
		Street			
		City, State, Zip			
		Employer's Name			<input type="checkbox"/> Yes <input type="checkbox"/> No
		Street			
		City, State, Zip			

18. Complete the table below indicating all residences during the past 5 years. *(Include second and summer homes, etc. Do not include present residence.)*
☐ **Not Applicable**

From	To	Address (No., Street, Apt.)	City, State, Zip Code, Country		
			City	State	Zip
			Country		
			City	State	Zip
			Country		

19. List all licenses or permits issued to you (i.e. Drivers License, Cosmetology License, CCW Permit, Nursing License, FCC Radio License, prior Gaming Licenses):
☐ **Not Applicable**

Date issued	License/permit number	Type of license/permit	Issuing jurisdiction (Name/City/State)	Expiration date

20. Do you or your spouse, your parent, your child, or spouse of a child have any financial interest or affiliation with a business that holds a state liquor license?

☐ **No** ☐ **Yes** if you answered **yes**, complete the following table:

Identity of Relative	License #	Licensee name and address	Dates involved		Type of involvement
			To	From	
		Last,First			
		Street			
		City,State,Zip			

21. Has any business in which you have or had ownership interest (other than ownership of stock in publicly traded company) or in which you served as an officer or director, ever been declared bankrupt by a court, or filed for any type of bankruptcy or insolvency?

☐ **No** ☐ **Yes** If you answered **yes**, provide the following:

Date of filing	Name and address of court	Case number	Disposition

22. Within the past five (5) years, have you or your spouse filed any insurance claim(s) in excess of \$5,000.00?

☐ **No** ☐ **Yes** If you answered **yes**, complete the following table:

Insurance Company	Date of claim	Nature of claim	Final disposition

23. During the past ten-year period, have you held a ten percent (10%) or greater ownership interest in or been a director, officer, or principal employee, of any corporation, partnership, sole proprietorship or other business entity that has made (either itself or through third parties) bribes or kickbacks to any employee, company or organization to obtain a competitive advantage, or to any government official, domestic or foreign, to obtain favorable treatment?

☐ **No** ☐ **Yes** If you answered **yes**, submit as **Exhibit (5)** a complete explanation of the circumstances.

24. List below all business entities with which you have been associated as an officer, director, partner, proprietor, manager, policy maker, owner, investor, or substantial creditor from age 18.
- ☐ **Not Applicable**

Date		Name, address and telephone number of business	Description of business	Your title or type of association	Percent of ownership	Is entity's business gaming related? (Y/N)
From	To					
		Name Street City, State, Zip Phone ()				<input type="checkbox"/> Yes <input type="checkbox"/> No
		Name Street City, State, Zip Phone ()				<input type="checkbox"/> Yes <input type="checkbox"/> No

FINANCIAL

25. Have your wages, salary or other income ever been subject to garnishment, attachment, charging order or the like during the past five (5) year period?

☐ **No** ☐ **Yes** If you answered **yes**, provide the following:

Name and Address of Court	Aount of obligation	Docket Number	Current status of legal action

26. Have you ever been bonded for any purpose or been refused or denied any type of bond?

☐ **No** ☐ **Yes** If you answered **yes**, provide the following:

Employer(s) for whom you were bonded	Reason bonded	Bond issuer	Bond Called (Yes/ No)	Date and reason bond was called

27. Have you been a beneficiary, settlor, trustee, grantor, or transferor, to any trust during the past ten (10) years?

☐ **No** ☐ **Yes** If you answered **yes**, complete the following table:

Name of trust	Nature of your connection with trust	Terms of your connection with trust	Domestic or foreign trust?	Location of trust asset

LITIGATION

28. Are you presently, or have you within the last ten (10) years been, a party to a lawsuit as an individual, or as officer, director, partner, proprietor, manager, policy maker, or more than a 5% owner, of any business entity?

☐ **No** ☐ **Yes** If you answered **yes**, complete the following table:

Names of parties	Case number	Name and location of court	Detailed description of case	Disposition of case

Submit as **Exhibit (6)** copies of all complaints, petitions or similar pleadings which initiated each lawsuit.

29. Provide the following information about your immediate family (*if deceased, indicate date of death and last address*):

Full name (include married/maiden)	Relationship	Date of birth	Occupation	Address and telephone number	Date of death, if applicable
Last, First, MI, Maiden				Street	
				City, State, Zip	
				Phone ()	
Last, First, MI, Maiden				Street	
				City, State, Zip	

Full name (include married/maiden)	Relationship	Date of birth	Occupation	Address and telephone number	Date of death, if applicable
				Phone ()	
Last, First, MI, Maiden				Street	
				City, State, Zip	
				Phone ()	

30. Has any member of your immediate family been charged with or convicted of any criminal offense? ☐ **Not Applicable**

Full Name	Involved Law enforcement agency or court (city/state)	Relationship	Charge or Conviction

31. List any relatives that have financial, ownership, or employment interest in any business entity with a gaming license. ☐ **Not Applicable**

Identity of person and relation to you	Business entity name/address	Type of interest	Dates involved		Financial interest/ % of ownership
			From	To	
Last, First, MI	Name				
	Street				
	City, State, Zip				

GOVERNMENT/POLITICAL

Within the last ten (10) years, have you or any of your relatives been a public official, an officer, or an employee of any governmental entity?

- ☐ **No** ☐ **Yes** If you answered **yes**, complete the following table:

Full name	Address and telephone number	Relationship	Title and duties	Dates held	
				From	To
Last, First, MI	Street				
	City, State, Zip				
	Phone ()				
Last, First, MI	Street				
	City, State, Zip				
	Phone ()				

GAMBLING PROBLEMS

32. Do you have, or have you ever had, any gambling related problems or debts?
- ☐ No ☐ Yes If you answered **yes**, submit as **Exhibit (7)** a detailed statement describing the gambling related problem or debt.
33. Have you ever been treated for any gambling related problems?
- ☐ No ☐ Yes If you answered **yes**, submit as **Exhibit (8)** a detailed statement describing the gambling related treatment.

SAFE DEPOSIT BOX

Do you control or have access to any safe deposit box or other depository?

☐ No ☐ Yes If you answered **yes**, provide the following:

Account name(s)	Box Number	Bank or depository name and address	Other individuals with access
		Name	
		Street	
		City, State, Zip	

REFERENCES

Provide three (3) references (do not use relatives):

Name	Address	Phone number	Length of relationship
Last, First, MI	Street	()	
	City, State, Zip		

Name	Address	Phone number	Length of relationship
Last, First, MI	Street	()	
	City, State, Zip		
Last, First, MI	Street	()	
	City, State, Zip		

OTHER REQUIRED DOCUMENTS

Submit as **Exhibit (9)** a copy of your birth certificate.

Submit as **Exhibit (10)** a copy of your Social Security card.

Submit as **Exhibit (11)** a copy of picture identification (*check one of the following*):

☐ Drivers License

 ☐ State Identification

 ☐ Military Identification

 ☐ Passport

Submit as **Exhibit (12)** a copy of appropriate alien registration if you are not a United States citizen. ☐ **Not Applicable**

SCHEDULE OF EXHIBITS

Complete the following table

Exhibit number	Exhibit description		Exhibit prepared by:	Official title
1	Marriage license(s)	<input type="checkbox"/> N/A		
2	Divorce decree(s)	<input type="checkbox"/> N/A		
3	Tax returns (3 years)	<input type="checkbox"/> N/A		
4	Military form DD214	<input type="checkbox"/> N/A		
5	Details of attempts to gain advantage or favorable treatment	<input type="checkbox"/> N/A		
6	Lawsuit complaints, petitions, pleadings, etc.	<input type="checkbox"/> N/A		
7	Gambling related problem or debt	<input type="checkbox"/> N/A		
8	Gambling related treatment	<input type="checkbox"/> N/A		
9	Copy of Birth Certificate	<input type="checkbox"/> N/A		
10	Social Security Card	<input type="checkbox"/> N/A		
11	Picture Identification	<input type="checkbox"/> N/A		
12	Alien Registration	<input type="checkbox"/> N/A		

INCOME STATEMENT

1. Provide total income for the three most recent complete calendar years. 2. Provide total income for your spouse, on a separate sheet, for the same calendar years. 3. Provide total income of any dependent child with income over \$20,000.00. On a separate sheet.

NAME: (Last, First, MI) _____

Source of Income	Year	Year	Year
Salary (List Sources)	\$	\$	\$
Interest (List Sources)	\$	\$	\$
Dividends (List Sources)	\$	\$	\$
Other Income/Compensation (Specify Sources) _____ _____ _____	\$ \$ \$	\$ \$ \$	\$ \$ \$
Total Annual Gross Income	\$	\$	\$

Complete the following schedules (A-K). Indicate by code, in the first column, those held by you personally (P), your spouse (S) or by any dependent child (D). Note the requirements for disclosing financial information on dependent children on various schedules. Use additional copies of the schedules as needed.

Transfer the totals from each schedule into the corresponding box on the NET WORTH STATEMENT.

SCHEDULE A

Cash in Banks

List all foreign and domestic bank accounts. Include any dependent child who has an account balance exceeding \$10,000.
Applicable

☐ **Not**

(P) (S) (D)	Name, Address and Telephone Number of Bank	Names and Signatures Appearing on Account	Account Number	Date Opened	Type of Account	Current Balance
	()					
	()					
	()					
	()					
TOTAL:						
(Transfer to net worth statement)						

SCHEDULE B

Loans Receivable (Money owed to you)

List all loans. Include any dependent child who has loans receivable exceeding \$5,000.

☐ Not Applicable

(P) (S) (D)	Name, Address, & Telephone No. of Debtor	Date of Loan	Original Balance	Current Balance	Interest Rate	Maturity Date	Purpose of Loan	Collateral Securing Loan
	()							
	()							
	()							
	()							
	()							
	()							

TOTAL:
(Transfer to Net Worth Statement)

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SCHEDULE C

Stocks, Bonds, Notes, and Debentures

List all investments in stocks, bonds, mutual funds, money market funds, notes, debentures, and other securities investments. Indicate by a single asterisk (*) in the "Issuer" column those issued by a publicly held company or a double asterisk (**) for those stocks in which you have a 5 percent (5%) or greater interest ownership. Include any dependent child who has a balance exceeding \$5,000. ☐ Not Applicable

(P) (S) (D)	Issuer	Type	Number of Shares/ Units	Total Original Cost	Date of Purchase	Name in Which Held	Annual Income	Current Value	Broker/Custodian of Shares (Address)
					← TOTALS: → (Transfer to Net Worth statement)				

SCHEDULE D

Business Investments

List all investments, other than stocks, bonds, and debentures, in any business entity in which any direct, indirect, vested or contingent interest is held or controlled by you, your spouse, or by your dependent child who has an investment exceeding \$5,000. Under the column, "Business Entity Interest" list the names of all Business Entities other than publicly held companies with a direct, indirect, vested or contingent interest in the subject entity, and their percentage of ownership.

☐ Not Applicable

(P) (S) (D)	Business Entity Name	Type of Organization	No. of Shares/ Units	Total Original Cost	Date of Purchase	Name in Which Held	Annual Income	Current Value	% of Owner- ship	Business Entity Interests	
					← TOTALS: → (Transfer to Net Worth statement)						

SCHEDULE E

Real Estate

List real estate in which any direct, indirect, vested or contingent interest is held or controlled. Under the column headed "Original Cost" include the cost of any improvements and list separately. Under the column headed "Other Owners" list the names of all owners who share direct, indirect, vested, contingent, or beneficial interest in the real estate, their percentage of ownership, and address. Include any dependent child who has real estate valued at more than \$5,000. ☐ **Not Applicable**

(P) (S) (D)	Address/Location	Owner of Record	Original Cost	Annual Income (If Rented)	Current Value	% of Ownership	Other Owners, % of Ownership, Address
TOTALS: →					←		
(Transfer to Net Worth statement)							

SCHEDULE F

Other Assets

List all other assets having a fair market value in excess of \$10,000. Include such assets as automobiles, personal property, life insurance policies, and pension plans. Include any dependent child who has other assets exceeding \$5,000. ☐ **Not Applicable**

(P) (S) (D)	Type of Asset	Owner of Record	% of Ownership	Date of Purchase	Original Cost	Current Value
TOTALS: → (Transfer to Net Worth statement)						

SCHEDULE G

Loans Payable (Money you owe)

List all loans payable exceeding \$5,000. Indicate by an asterisk (*) in the "Purpose" column those notes which are gaming-related. Include any personal loans, markers, credit lines, credit cards, home equity loans, employer-granted loans, loans from employee 401K plans and employer-granted educational or tuition grants or loans. Include any dependent child who has loans payable exceeding \$5,000 ☐ **Not Applicable**

(P) (S) (D)	Name, Address, & Telephone No. of Creditor	Date Incurred	Original Loan Balance	Current Balance	Interest Rate	Maturity Date	Purpose	Collateral
	()							
	()							
	()							
	()							
	()							

TOTALS:
(Transfer to Net Worth statement)



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Taxes Payable

[illegible]

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SCHEDULE I

Mortgages Payable

List the mortgages or liens payable on real estate. Include any dependent child having mortgages payable exceeding \$5,000. Under the column, "Description" provide a description of the real estate, including the address, type, condition, and any improvements. ☐ **Not Applicable**

(P) (S) (D)	Name & Address of Creditor	Date Incurred	Original Loan Balance	Monthly Payment	Current Balance	Interest Rate	Maturity Date	Description

TOTALS: →
(Transfer to Net Worth statement)

Other Liabilities

(P) (S) (D)	Name & Address of Creditor	Date Incurred	Original Loan Balance	Current Loan Balance	Interest Rate	Maturity Date	Collateral	Description & Purpose

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SCHEDULE K

Contingent Liabilities

List contingent liabilities in excess of \$5,000. Include any dependent child who has contingent liabilities exceeding \$5,000. Under the column "Name, Address & Telephone No. of Parties" provide this information for all persons with an interest in the liability, including potential claimants and other persons who are liable, and identify each person's interest in the liability. Under the column, "Description" provide a description of the liability, including its purpose. ☐ **Not Applicable**

(P) (S) (D)	Name, Address & Telephone No. of Parties	Date Incurred	Original Loan Balance	Current Balance	Maturity Date	Collateral	Description & Purpose
TOTALS: → (Transfer to Net Worth statement)							

NET WORTH STATEMENT as of _____

(Date)

Provide information in the aggregate for you, your spouse, and for any dependent children as required on Schedules A-K.

	Original Cost/Balance	Current Value/Balance
Assets:		\$
Cash on hand		\$
Cash in banks (Schedule A)		\$
Loans Receivable (Schedule B)	\$	\$
Stocks, Bonds and Debentures (Schedule C)	\$	\$
Business Investments (Schedule D)	\$	\$
Real Estate (Schedule E)	\$	\$
Other Assets (Schedule F)	\$	\$
TOTAL ASSETS:	(A)	(A)
Liabilities:		\$
Loans payable (Schedule G)	\$	\$
Taxes Payable (Schedule H)	\$	\$
Mortgages Payable (Schedule I)	\$	\$
Other Liabilities (Schedule J)	\$	\$
TOTAL LIABILITIES:	(B)	(B)
NET WORTH {(A) minus (B)}	\$	\$
Contingent Liabilities (Schedule K)	\$	\$

Attachment A

APPLICANT'S ACKNOWLEDGEMENT, AGREEMENT AND CONSENT

I, 

(Applicant)

hereby acknowledge that the Michigan Gaming Control Board will require supplemental materials in order to carry out its statutory duties. The applicant hereby agrees to submit supplemental materials as requested by the Board.

hereby acknowledge that issuance of a gaming license is a privilege. I have the responsibility to prove that I am eligible, suitable, and qualified to be licensed. I must accept any risk of adverse public notice, embarrassment, criticism, or other action, or financial loss, which may result from action with respect to an application or the public disclosure of information, requested in this form, and expressly waive any claim for damages as a result thereof. Information not called for in this application or in addition to that provided in response to this application may be requested.

hereby acknowledge that I am under a continuing duty to promptly disclose to the Board any changes in the information provided in the application and requested materials submitted to the Board. To comply with this requirement I must submit a letter to the Board stating the changes and reference the specific question(s) within the application to which the changes pertain. **MCL 432.208(10), R 432.1206(2), R 432.1301(6)(a)(c)**

hereby consent to inspections, searches, and seizures as provided in **MCL 432.208(9)** and to disclose to the Board and its agents confidential records, including tax records held by any federal, state or local agency or credit bureau or financial institution while applying for or holding a license under this act. **R 432.1336**. This consent is also authorization to review and inspect tax records administered under the Revenue Act 122 of 1941 (as amended).

I affirm, under the penalties of perjury, that the information set forth in this document is true and complete, to the best of my knowledge.





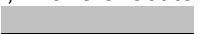
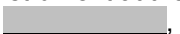

Applicant's Signature



Printed Name



Date

IN WITNESS WHEREOF, I have executed this instrument at the City of , State of , on this  day of , .

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared and acknowledged the execution of the foregoing instrument as his/her voluntary act and deed.

WITNESS, my hand and Notary Seal, this  day of , of .

Notary Public, (Written Signature)

Notary Public, (Printed Name)

My commission expires: 

County of Residence: 

ATTACHMENT B

**VOLUNTARY CONSENT TO RELEASE INFORMATION
MATERIALS AND DOCUMENTS**

To all Courts, Probation Departments, Selective Service Boards, Employers, Educational Institutions, Banks, Financial and Other such Institutions, and All Governmental Agencies federal, state and local, without exception, both foreign and domestic.

I, _____
(Applicant)

have authorized the Michigan Gaming Control Board and its employees and agents to conduct a full background investigation into my personal and business activities.

Therefore, I authorize and request that you release any and all information, materials and documents in your possession which have been requested by any employee or agent of the Michigan Gaming Control Board regarding my personal or business activities. I am voluntarily giving this consent to release information, materials and documents provided that the employee or agent of the Michigan Gaming Control Board properly identifies himself or herself as an agent or employee of the Michigan Gaming Control Board.

This authorization supercedes and countermands any prior authorization and request to the contrary.

A photostatic copy of this authorization will be considered as effective and valid as the original.

IN WITNESS WHEREOF, I have executed this release at the city of _____, State of _____, on this _____ day of _____, _____.

Applicant's Signature

Before me, the undersigned, a Notary Public in and for said County and State, the above individual personally appeared and acknowledged the execution of the foregoing instrument as his/her voluntary act and deed.

WITNESS, my hand and Notary Seal, this _____ day of _____, of _____.

Notary Public, (Written Signature)

Notary Public, (Printed Signature)

My commission expires: _____

County of residence: _____

ATTACHMENT C

RELEASE OF ALL CLAIMS

The undersigned has filed with the Michigan Gaming Control Board (Board) certain forms and documents relative to a written application request for licensing by the Board. In consideration of the assurance by the Board that no vote on said application will be taken except after deliberate, intensive and thorough investigation of the undersigned, including but not limited to background history, associates, and finances, the undersigned does for myself, my heirs, executors, administrators, successors and assigns, hereby release, remise, and forever discharge the Michigan Gaming Control Board, the State of Michigan, the Department of Attorney General, the Department of State Police and their respective members, agents and employees, from any and all manner of actions causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known or unknown, in law or equity, which the undersigned ever had, now has, may have, or claim to have against any or all of said entities or individuals arising out of or by reason of the processing or investigation of or other action relating to the application.

I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

IN WITNESS WHEREOF, I have executed this release at the city of [REDACTED], State of [REDACTED], on this [REDACTED] day of [REDACTED], [REDACTED].

Applicant's Signature

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared and acknowledged the execution of the foregoing instrument as his/her voluntary act and deed.

WITNESS, my hand and Notary Seal, this [REDACTED] day of [REDACTED], of [REDACTED].

Notary Public, (Written Signature)

Notary Public, (Printed Signature)

My commission expires: [REDACTED]

County of residence: [REDACTED]

Attachment D

INDIVIDUAL TAX INFORMATION AUTHORIZATION REQUEST

I, _____, Social Security Number _____, swear or affirm under penalty of perjury that I am the taxpayer to which the forms listed below apply and this is my signature authorizing the Internal Revenue Service to release these forms to:

Executive Director
Michigan Gaming Control Board
1500 Abbott Road
East Lansing, MI 48823

I request the Internal Revenue Service release confidential returns, or return information, i.e., all information in the possession of the Internal Revenue Service with respect to my tax liability for the tax years 1992 through 2001. Release any and all information relative to:

<u>Type of Tax</u>	<u>Tax Form</u>
Income	1040
Gift	709
Employment	941
Unemployment	940

Applicant's Signature

Date

Name of Spouse or Former Spouse

Employer/Casino: _____

Position: _____

Tracking #: _____

MGCB Regulation Officer: _____

This authorization is intended to comply with Internal Revenue Service Code Section 6103(c).

ATTACHMENT E

APPLICANT'S VERIFICATION

State of [REDACTED]

County of [REDACTED]

I, [REDACTED], being first duly sworn upon oath or affirmation, depose and state:

1. I am the individual responsible for submitting this application.
2. I swear (or affirm) that the information contained in this application form is true, complete and accurate to the best of my knowledge and belief.

Applicant's Signature

Date

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared and acknowledged the execution of the foregoing instrument as his/her voluntary act and deed.

WITNESS, my hand and Notary Seal, this [REDACTED] day of [REDACTED], of [REDACTED].

Notary Public, (Written Signature)

Notary Public, (Printed Signature)

My commission expires: [REDACTED]

County of residence: [REDACTED]

NOTICE – OCUPATIONAL LICENSE LEVEL 1

An Occupational License Application **will not be accepted** by the Michigan Gaming Control Board if it is not **filled out completely**.

Make sure:

- ☐ all **QUESTIONS** are **answered**.
 - ☐ **TABLES** are **complete**.
 - ☐ all required **EXHIBITS** are **submitted** and are **legible**.
 - ☐ **INCOME STATEMENT** is **complete**.
 - ☐ **SCHEDULES** are **complete**.
 - ☐ **NET WORTH STATEMENT** is **complete**.
 - ☐ **ATTACHMENTS** are **signed** and **dated**
 - ☐ **ATTACHMENTS** are properly **notarized**.
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